	Anderd Form No. 1034—Revised Form prescribed by Services 2002706 ID CA-EDS 260R0004 September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1952) S. Cost Reimbursable S. Cost Reimbursable							PAID BY		
S	Cost Re	(Department, bureau,	or establishment)				IAID	· D.		
archer prepa	red at		turnian and data)					-		
oucher prepared at						SAP	02338			
E UNITED ST						COPY / OF 5				
		(Payee)	,			, <u>'</u>				
	(Add		Oity)	(State)		UNIT	PRICE	AMOUNT		
o. and Date of Order	Date of Delivery or Services ARTICLES OR SERVICES (Enter description, item number of contract or Federal schedule, and other information deemed necessary			Federal supply locessary)	QUANTITY	1		Dollars Ct		
		Cost						53,085.9		
YMENT:										
Complete 🔲										
Partial 🔲	13	Use continu	ation sheet(s) if necessa	ary			Total	53.085		
ipped from		to Weig		vernment B/L No	ayee must NO	OT use thi		77,007		
certify that the	above bill is corre	ct and just and that payment	has not been received.	Diffe	rences					
		(Sign original only)								
STATI	NIL/		•	<u> </u>						
Date					mount verified		for	53,085		
					signature or in	itials)	Invoice Rec	'd.		
ontract No.	Alol:	Date	Reg. No.	STATINI 1	Date		1 ./	i		
ursuSoT tA aUth	willy vested in me	, I certify that this account is	correct and proper for	payment			1/23	3/5/i		
Ap				† †	(Authe	rizea Certi	rying Officer))		
3,4		14/s	SIGN S ORIGINAL ONLY	Title	/_			- -		
CONT	10101	FFICER		Date						
Fitle	THE REVERSE OF	THIS FORM MUST BE EXECUTED WH	EN PURCHASES ARE MADE O	R SERVICES SECURED	WITHOUT WRITTE	N AGREEME	NT IN ANY FOR	M		
		OUNTING CLASSIFICATION	(Appropriation Symbo	l must be shown	other classifi	cation op	tlonal)			
	TL ACCO	JONTING CEASOLITO								
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STATIN (Cheu	APPROVIN		, 19, 1				n Treasurer of	of the United State named above.		

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090081-0

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